

**CENTRE FOR RESEARCH AND GRADUATE STUDIES**

# THESIS CORRECTION FORM

# Instruction:

# This form is filled by the student and recommendation by Supervisor.

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| **Name of Candidate** |  |
| **Matric Number** |  |
| **Programme** |  |
| **Thesis / Dissertation Title** |  |

**Confirmation on Corrective Action Taken**

*(Attach additional sheets if necessary)*

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| **Chapter No** | **Changes as Suggested by Examiners***(candidate required to list down the changes as suggested by the examiners)* | **Response Taken by the Candidate***(amendments made by the candidate)* |
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I hereby certify that response/corrective action has been taken on the amendments/changes as

suggested in the Examiner’s Reports.

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| (Signature of Candidate)Name: | Date: |

In my opinion, the candidate had responded/taken corrective action on the amendments/changes as suggested in the Examiner’s Reports given to him/her.

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| (Signature of Supervisor)Name: | Date: |